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## **Notice of Independent Medical Review Decision**

### **Reviewer's Report**

**DATE OF REVIEW:** September 18, 2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Work hardening program (10 sessions/80 hours).

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

M.D., Board Certified in Physical Medicine and Rehabilitation.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

The requested work hardening program (10 sessions/80 hours) is not medically necessary.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who reported a work-related injury on XX/XX/XX. The patient is diagnosed with a lumbar strain. The patient participated in 12 sessions of physical therapy with minimal improvement. In a physical therapy discharge note dated 12/16/14, it was noted the plan of care was for the patient to continue with therapy two times a week for four weeks due to remaining functional deficits. It was also noted the patient's overall rehabilitation potential is "good." Magnetic resonance imaging (MRI) of the lumbar spine dated 1/28/15 revealed moderate facet arthropathy and ligamentum flavum hypertrophy at L5-S1 causing mild central canal stenosis with mild to moderate foraminal narrowing compressing the bilateral L5 nerve

roots. At L4-5 there was slight disc bulge causing slight compression of the L4 nerve root on the right. In a clinical note dated 3/2/15, physical exam noted 5/5 strength throughout. Deep tendon reflexes were within normal limits. There was no decreased sensation in any of the dermatomal distributions. Lumbar range of motion was decreased in forward flexion secondary to "body habitus." A functional capacity evaluation (FCE) dated 6/2/15 notes the patient was seen with continued complaints of low back pain. Physical examination failed to identify any acute sensory or motor deficits. It was noted the patient is currently functioning at a light physical demand level and the job the patient is to return to requires a medium physical demand level. A psychological evaluation dated 7/1/15 documented the patient's Beck Depression Inventory score as 44 and her Beck Anxiety Inventory was noted as 45. The office note dated 6/3/15 documents the patient takes Celebrex, Norco and Flexeril. In an undated letter, the patient's provider recommends a work hardening program for 10 days.

The URA denial letter dated 8/11/15 indicates that there are no physical examination findings documenting any abnormalities other than subjective complaints. The URA further indicates that there is no documentation of positive response to prior physical rehabilitation and no documentation the patient is a candidate for other treatment modalities such as surgery, injections or work conditioning.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

Official Disability Guidelines (ODG) recommend a work hardening program for patients who have the appropriate pre-program screening to include detailed history and physical, psychological evaluation and functional capacity evaluation. The ODG guidelines also require a return to work plan. It is further noted that patients that are surgical or injection candidates are not recommended for the program. In this case, the patient has undergone a functional capacity evaluation, psychological evaluation and a detailed history and physical. However, there is no indication the patient is currently not a candidate for surgery, injections, or other treatments that would clearly be warranted to improve function. Furthermore, there was no specific defined return-to-work goal or job plan that has been established, communicated and documented provided in the documentation submitted for review. There also is lack of documentation evidencing improvement with plateau during previous physical therapy. Moreover, there remains a lack of physical examination findings necessitating a work hardening program. The patient was noted to have decreased range of motion in the lumbar spine secondary to being overweight. However, muscle strength, deep tendon reflexes and sensation were noted to be within normal limits. Given the lack of documentation provided, this patient does not meet guideline criteria for participation in a work hardening program. As such, the request for work hardening program 10 sessions/80 hours is not medically necessary for the treatment of the patient's medical condition.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☐ MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)